

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street, NW, Washington, DC 20503.**

| | |
|--|--|
| 1. Agency/Subagency originating request: | 2. OMB control number: a. _____ -- _____ b. { } NONE: _____ -- NEW |
| 3. Type of information collection (<i>check one</i>): a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number | 4. Type of review requested (<i>check one</i>): a. <input type="checkbox"/> Regular (if streamlined also check here <input type="checkbox"/> b. <input type="checkbox"/> Emergency - Approval requested by: ____/____/____ c. <input type="checkbox"/> Delegated 5. Small entities: Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Requested expiration date: a. <input type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other -- Specify: ____/____/____ |
| 7. Title (10-15 words maximum): | |
| 8. Agency form number(s) (<i>if applicable</i>): | |
| 9. Keywords: | |
| 10. Abstract: | |
| 11. Affected Public (<i>mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input type="checkbox"/> Businesses or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, local or Tribal Gov't, SEAs or LEAs | 12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>): a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input type="checkbox"/> Mandatory |
| 13. Annual reporting and recordkeeping hour burden: a. Number of respondents b. Total annual responses Percentage of these responses Collected electronically % c. Total annual hours requested d. Current OMB inventory e. Difference (+/-) f. Explanation of difference 1. Program change 2. Adjustment | 14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>): a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference (+/-) _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____ |
| 15. Purpose of information collection (<i>mark primary with "P" and all others that apply with "X"</i>): a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit | 16. Frequency of recordkeeping or reporting (<i>check all that apply</i>): a. <input type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially 8. <input type="checkbox"/> Other (describe) _____ |
| 17. Statistical methods: Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>): Name: _____ Phone No.: _____ Fax No.: _____ |
| 19. Regulatory information (<i>information provided in this block will be used to improve the processing of the information collection</i>): a. Does this collection contain a proposed regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check item that applies: <input type="checkbox"/> NPRM <input type="checkbox"/> Final <input type="checkbox"/> Other _____ b. List all Paperwork Reduction Act sections that apply to this collection: | |

20. Certification for Paperwork Reduction Act Submissions

On behalf of this federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8 (b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 320.8 (b)(3):
 - (i.) Why the information is being collected;
 - (ii.) Use of information;
 - (iii.) Burden estimate;
 - (iv.) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v.) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain The reason in Item 18 of the Supporting Statement

| | |
|--|------|
| Signature of Senior Official or designee | Date |
|--|------|

For Department of Education Internal Use

I certify that the information collection being submitted to the Senior Official, or designee, encompassed by this request complies with 5 CFR 1320.9, as summarized above. (*Assistant Secretary signature required for emergency reviews.*)

| | |
|--|------|
| Signature of Assistant Secretary or designee | Date |
|--|------|